

ACCESS TO HOME FOR MEDICAID RECIPIENTS PROGRAM

2022 PROGRAM YEAR APPLICATION INSTRUCTIONS



**Homes and
Community Renewal**

Housing
Trust Fund
Corporation

2022 Access to Home for Medicaid Recipients Program Community Development Online (CDOL) Application Instructions

Table of Contents

I. COMMUNITY DEVELOPMENT ONLINE (CDOL) APPLICATION SYSTEM.....	3
A. REGISTERING APPLICANT & SECURITY MANAGER	3
B. IDENTIFYING AND REGISTERING ORGANIZATION’S ELECTRONIC SIGNATORY	3
C. VERIFYING APPLICANT INFORMATION	4
II. APPLICATION OVERVIEW	5
A. CONTENTS OF APPLICATION	5
B. APPLICATION PROCESS.....	5
III. COMPLETING APPLICATION EXHIBITS.....	6
A. CREATING A NEW APPLICATION IN CDOL.....	6
B. APPLICATION EXHIBIT FUNCTIONS	6
C. INSTRUCTIONS FOR COMPLETING APPLICATION EXHIBITS.....	7
EXHIBIT 1 - APPLICATION SUMMARY	7
EXHIBIT 2 – PROPOSAL.....	9
EXHIBIT 3 – PROGRAM NEED.....	10
EXHIBIT 4 – STAFFING PLAN & ADMINISTRATIVE CAPACITY	11
EXHIBIT 5 – BUDGET & FISCAL RESPONSIBILITY	12
IV. VALIDATING APPLICATION EXHIBITS.....	14
V. APPLICANT / OWNER CERTIFICATION	15
A. CERTIFYING APPLICATION EXHIBITS	15
VI. APPLICATION ATTACHMENTS.....	16
A. ATTACHMENT INSTRUCTIONS.....	16
Attachment 1 – Compliance Monitoring Plan (Required).....	16
Attachment 2 – Vendor Responsibility Questionnaire (Required).....	16
Attachment 3 – Funding Commitment Letters (Optional).....	16
Attachment 4 – Supportive Services Agency Commitments (Optional)	16
Attachment 5 – Applicant Certification Detail (Optional)	16
VII. UPLOADING & CERTIFYING ATTACHMENTS	17
A. UPLOADING ATTACHMENTS	17
B. SUBMITTING AND CERTIFYING APPLICATION ATTACHMENTS	17
VIII. APPLICATION EXHIBIT SCREENSHOTS	18
ACCESS TO HOME FOR MEDICAID RECIPIENTS PROGRAM – CDOL TABLE OF CONTENTS & EXHIBIT LIST.....	18
EXHIBIT 1 – APPLICATION SUMMARY	19
EXHIBIT 2 – PROPOSAL.....	23
EXHIBIT 3 – PROGRAM NEED.....	24
EXHIBIT 4 – STAFFING PLAN & ADMINISTRATIVE CAPACITY	25
EXHIBIT 5 – BUDGET & FISCAL RESPONSIBILITY	26
CERTIFICATION AND SUBMISSION	28
ACCESS TO HOME FOR MEDICAID RECIPIENTS PROGRAM ATTACHMENT UPLOAD SCREEN.....	30

I.

II. Community Development Online (CDOL) Application System

Applications for Access to Home for Medicaid Recipients Program funding are submitted through the Community Development Online (CDOL) application system.

Access to Home for Medicaid Recipients Program application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Friday, September 23, 2022. Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted.

Applicants may request, based on demonstrated need, to submit a paper application in lieu of using the CDOL system. Requests may be emailed to OCRInfo@hcr.ny.gov or mailed to NYS Homes and Community Renewal, Office of Community Renewal, Hampton Plaza, 38-40 State Street, 4th Floor South, Albany, NY 12207.

A. Registering Applicant & Security Manager

Please review the following to confirm that the applicant organization is prepared to use the CDOL system.

To use CDOL, applicants must: 1.) be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS), and 2.) have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to CDOL for the applicant's organization, including which people can update the organization's applications. Security Managers may go into CDOL system and add or remove users for their organization. Forms are available on HCR's website: <https://hcr.ny.gov/community-development-online>

- **If the organization has not previously applied to HCR for funding:** Submit an Applicant Registration Form to register as a SHARS Applicant. This form also contains a section to designate a Security Manager for the organization. HCR staff will register the organization and Security Manager and e-mail a USER ID and password to access CDOL.
- **If the organization is a registered SHARS applicant, but has not registered to use CDOL:** Submit a Security Manager Registration Form to HCR, which will allow access to CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and HCR will e-mail a User ID and temporary password with which to access the CDOL system.
- **If the organization has previously used the CDOL system to apply to HCR for funding:** Applicants who used CDOL in the past will still be registered and may use the user ID and password previously assigned to them. To retrieve a forgotten password, go to CDOL and enter the USER ID and e-mail address a new password will be automatically e-mailed. If the email address associated with the USER ID has changed, and the password or USER ID has been lost, please send an email to ocrinfo@nyshcr.org for assistance.

B. Identifying and Registering Organization's Electronic Signatory

Applications submitted through the CDOL system must be electronically certified by an authorized representative of the applicant's organization. The person who will certify the application must be set up in CDOL as a user for the applicant organization. The Security Manager (identified on the Security Manager Registration Form) may add the certifier by following these steps:

1. Log into CDOL and click on the User Administration link at the top of the page. The organization name will be displayed with a list of CDOL users.
2. To add the organization's authorized signatory, click 'Add New User', and enter their first and last name, and e-mail address.

3. Select their access level from the drop-down box. Applicant inquiry allows the user to view but not change the application. Applicant update allows the user to make changes to the application.
4. Click the box that reads 'Authorized to Sign Certification'.
5. Click the box next to the organization name. Then click 'Submit'.
6. CDOL will generate an e-mail providing the user with their User ID and temporary password. Later, when the application exhibits are complete, validated, and ready to be submitted, the certifier must log-in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

C. Verifying Applicant Information

Prior to beginning a new application using the CDOL system, the applicant organization must verify and update the organization information. To do so, login and from the CDOL Main Menu, select the 'View' button to the right of the organization's name, under the 'Organization' heading. A pop-up window will appear with the organization information HCR has on file. If any of the information displayed is incorrect or needs updating, close the pop-up window, and select the 'Edit' button to the right of the organization name. Please be sure to include the name and mailing address for the contact authorized to execute a contract with the Housing Trust Fund Corporation HTFC. It is important for HCR and HTFC to know where to mail potential award and contract materials.

An organization may update its organization information in CDOL at any time but may not change the organization information on the application once it has been submitted.

CDOL Applicant Information Fields to review and verify:

A. General Applicant Information

- If applicable, the applicant's Department of State (DOS) Charities Registration Number
- The month and day of the applicant's fiscal year end date (for example: 12/31)
- Any aliases or acronyms the organization is known as

B. Type of Applicant

- Select each applicable applicant type.
- If applicable, add or correct the date of the non-profit applicant's legal incorporation.

C. Phone and Internet Data

If necessary, edit the applicant's primary telephone and fax numbers, e-mail address and website or URL.

D. Mailing Address(es)

If necessary, edit the applicant's primary mailing address in D1. If the mailing address for correspondence related to this application differs from the primary address, add the address in Section D2. The applicant will be able to select the address to which the award decision or contract correspondence should be mailed.

E. Primary Contact

If necessary, edit the name, title, phone number, extension, and e-mail address of the person who is the primary contact for the organization. This person must have the authority to legally represent the applicant.

F. Other Principals

If necessary, edit or add principal organizations or employees of the applicant organization. For example, the Executive Director, CEO, Board President, or general partner.

II. Application Overview

A. Contents of Application

A complete Access to Home for Medicaid Recipients Program application includes five exhibits, an electronic certification, and four attachments.

Exhibit 1 – Application Summary

Exhibit 2 – Proposal

Exhibit 3 – Program Need

Exhibit 4 – Staffing Plan & Administrative Capacity

Exhibit 5 – Budget & Fiscal Responsibility

Electronic Application Certification

Attachment 1 – Compliance Monitoring Plan (Required)

Attachment 2 – Vendor Responsibility Questionnaire (VRQ) (Required for all not-for-profit entities)

Attachment 3 – Funding Commitment Letters (Optional)

Attachment 4 – Supportive Services Agency Commitments (Optional)

Attachment 5 – Application Certification Detail (Optional)

B. Application Process

The submission of an Access to Home for Medicaid Recipients Program application via CDOL requires five steps:

- ✓ Completing five multi-question online application exhibits.
- ✓ Validating online application exhibits.
- ✓ Certifying and submitting online application exhibits.
- ✓ Uploading and submitting or omitting attachments; and
- ✓ Certifying attachments.

III. Completing Application Exhibits

A. Creating a New Application in CDOL

- Log in to CDOL.
- Next to 'Start a New Application' under the 'Applications' heading, enter a brief, descriptive name for the proposed project, e.g., City of Sample 2021 Access to Home for Medicaid Recipients Program. If awarded, the Application Name entered here will be used to label contract materials and to describe the program throughout the contract term.
- Select 'Access to Home for Medicaid' from the 'Application Type' drop-down menu.
- Press 'Submit' button.

A table of contents will be displayed with a list of all Access to Home for Medicaid Recipients program application exhibits broken down by individual question screens in CDOL. Instructions for completing each exhibit follow.

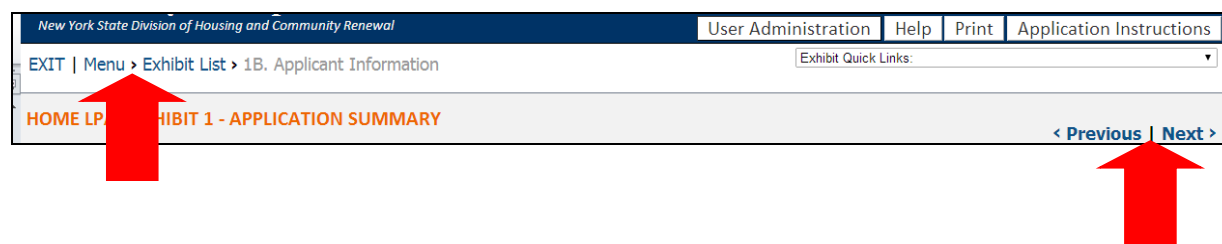
B. Application Exhibit Functions

Complete the required fields for each Exhibit as explained in C. Application Exhibit Instructions below. Once the information is entered in each field, and the exhibit is complete, press 'Submit' at the bottom of the screen.



- If the Exhibit is complete and accurate, a message will appear at the top of the screen in green to notify the applicant that the 'Updates have been successfully saved'.
- If errors are present in the Exhibit, a message will appear in yellow at the top of the screen, and individual error messages will appear under the fields causing the error message(s). Follow instructions to correct the error(s) and press 'submit' again.

Once the message 'Updates have been successfully saved,' is displayed, press the 'Next' navigation button at the top right of the screen to move to the next application exhibit.



DO NOT use the internet browser back and forward buttons to navigate in CDOL. Use the Previous and Next links in the top right of the screen, or the Menu and Exhibit List links in the top left of the screen. If an applicant uses the browser back and forward buttons, application information may be lost.

Do not enter zero '0' in exhibit fields. If funds are not requested funds for a particular activity, please leave the field blank.

C. Instructions for Completing Application Exhibits

Exhibit 1 - Application Summary

Select 'Edit' on the line of 1A. to begin completing the application fields.

1A. Funds Requested

1. **Local Program Name:** This field will display the project name that was entered on the main menu when the application was created. The name can be changed in this field. Enter a brief, descriptive name (e.g., City of Sample 2021 Access to Home for Medicaid Recipients Program).
2. **Total Access to Home for Medicaid Recipients Funds Requested:** Enter the total amount of Access to Home for Medicaid **Recipients** Program funds requested for this project, rounded to the nearest dollar. *Please review the Request for Applications for program funding limits.*

1B. Applicant Information

Applicants must update several fields in Exhibit 1B:

- 5b. Indicate if all required periodic or annual written reports have been filed in a timely manner (non-profit applicants only).
- 5c. Enter applicant DUNS number if applicable.
6. Select the address to which correspondence or materials related to awards or contracts should be mailed if multiple mailing addresses are on file for the applicant organization.
8. Complete this section for the individual who will be the primary contact person for correspondence related to this application.
9. If the contact selected as the primary contact is not authorized to execute a contract with HTFC complete the fields to identify a contact that is authorized. Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

1C. Program Detail Information

1C-1. Counties/Municipalities

1. Project County: Select the project county from the drop-down menu.
2. Countywide: Indicate if the project will serve the entire county.
3. If the project will be Countywide, click 'submit' and go on to the next page. If the response is 'no', select the first municipality to be served from the drop-down Municipality menu. Click 'submit'. The page will be redisplayed with the county name and selected municipality. To add another municipality, click the 'add' button at the bottom of the table. The county and municipality drop-downs will become available again. Select the county and municipality and click 'submit'. Repeat this step until all project municipalities have been added.

If the project will serve multiple counties: Complete the steps outlined above. To add another county, click the 'add' button. When the page is redisplayed, select another county from the drop-down menu

1C-2. Regional Council

Select the Regional Council(s) associated with the region(s) in which the project is located. Regional information is available here: <https://regionalcouncils.ny.gov/>

1C-3. Latitude & Longitude

Enter the Program Latitude and Longitude.

- For a Program proposing assistance to a single address, or property, use that address to obtain the latitude and longitude for the project.
- For a Program in a single municipality, select an address in a central location to obtain the latitude and longitude for the application.
- For a Program spanning a county, or multiple counties, select a central point, or use the address of the applicant organization's office if centrally located.

Please note, pop-up blockers may prevent the link provided from opening.

1D. Political Districts

Locate and click on the name(s) of the legislator who represents the locality in which the project will be administered. Click on the top arrow to move the name into the box on the right. (A name can be removed by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the project municipality(ies).

1E. Units Assisted

Enter the projected total number of units to be assisted by Access to Home for Medicaid Recipients Program funds.

1F. Income Targets

Enter the projected income targets to be assisted by Access to Home for Medicaid Recipients Program funds.

1G. Target Populations

Enter the projected special population households to be assisted by Access to Home for Medicaid Recipients Program funds.

1H. Program Abstract

Provide a one paragraph abstract of the proposed program. **Please note the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, Access to Home for Medicaid Recipients Program request amount, estimated total project cost, other sources of funding that will be used for the Access to Home for Medicaid Recipients Program, main goal(s) of the program, activities Access to Home for Medicaid Recipients Program funds will be used for, and any special emphasis of the program, such as special needs populations, areas/neighborhoods to be served, or income ranges to be targeted.

Sample text: The Sample Organization proposes to undertake a project using \$150,000 in Access to Home for Medicaid Recipients Program funds as part of a community wide effort to keep persons with disabilities in their homes and out of institutional settings. Sample Organization plans to provide accessibility modifications to eight low-income households in the City of Sample. Other rehabilitation repairs to the homes that are necessary will be funded by \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) for a total project cost of \$300,000.

Exhibit 2 – Proposal

2A. Program Activities & Scope

Provide an overview of the proposed program. At a minimum:

- Describe the types of eligible program activities to be addressed.
- Describe how eligible program activities accomplish the goal of making the primary residences of Medicaid recipients with disabilities accessible, so they may live safely and comfortably in their residences, instead of residing in institutional care.
- Demonstrate a clear understanding of the program's eligibility criteria.
- Estimate the number of disabled renters and homeowners to be assisted

2B. Administrative Procedures

Outline procedures in place or planned by application organization to supplement the required procedures identified in the template administrative plan. Specifically:

Project Development

- Describe method for accepting and processing applications.
- Describe plan for program marketing and outreach.
- Describe process for evaluating a substantial limitation caused by an individual's disability, as it relates to determining eligible program activities in consideration of such disability.
- Describe process for developing work scopes and completing inspections.
- Describe plan to address other needed rehabilitation or repair activities outside of the program's purview, or that exceed the maximum program award.
- Describe dispute resolution plan for disabled renters and homeowners and contractors.

Service Partnerships

- Describe process for making referrals to local service provider(s) for needs other than accessibility modifications.
- Identify process for following up on local service referral outcomes.
- Describe cooperative, reciprocal working and/or two-way referral relationships with relevant local service provider(s), including housing service providers.
- Written local service and referral arrangements describing outgoing and incoming referral arrangements which document existing organizational relationships should be attached. This documentation should be dated within the current calendar year, fully document the process for referrals and/or service, describe activities relevant to serving potential participants of the program, and indicate the follow up mechanism.

2C. Contractor Procurement

- Describe the process for procuring contractors that includes an understanding of the program's bidding requirements.
- Describe procedures to ensure that NYS Certified Minority and Women-Owned Business Enterprises are afforded opportunities for meaningful participation in projects.

Exhibit 3 – Program Need

3A. Program Need

Demonstrate need in the service area to assist persons who are enrolled in Medicaid, and living with a disability, in returning to community living settings from institutional settings (transition) or preventing institutional living (diversion). This should include information specific to the service area, and target population, and cite dates and relevant data sources such as the U.S. Census Bureau and American Community Survey. Analysis should include, but not be limited to:

- Total population enrolled in Medicaid.
- Total population enrolled in Medicaid living with a disability.
- Explain how the proposed service area was selected.
- Explain how the applicant organization regularly serves this area.
- Provide data and narrative on how the demand for accessibility modifications, for Medicaid recipients living with disabilities, has been identified.
- Explain the need for public investment.
- Describe how the proposed program activities will address transition and diversion.

Exhibit 4 – Staffing Plan & Administrative Capacity

4A. Staffing Plan & Administrative Capacity

Staffing Plan

- Identify staff assigned to work on the proposed program and their role, including but not limited to client intake, fiscal management, environmental review, work scope design, disbursements, and compliance monitoring.
- Describe specific staff experience or training relevant to the implementation of the program.

Administrative Capacity

- Summarize relevant grant administration experience that demonstrates administrative capacity and readiness.
- Detail previous experience administering an Access to Home or Access to Home for Medicaid Recipients Program, or successfully working with similarly sized accessibility modification, or home repair programs.
- Identify measures taken to overcome administrative challenges or delays previously encountered in the administration of similar programs.
- Detail organizational conflict of interest policy as it relates to potential participants of the program as well as the procurement of contractors and professional services. Specifically acknowledge that the Access to Home Program conflict of interest policy outlined in the manual has been reviewed and will be followed.

Exhibit 5 – Budget & Fiscal Responsibility

5A. Sources of Funds

On this screen, applicants must add each source of financing for the project. The total sources identified must equal the Total Program Uses identified in Section 5B of this Exhibit. An entry for Access to Home for Medicaid Recipients Program funds must be added to complete the total project budget.

An entry for Access to Home for Medicaid Recipients Program funds must be added to complete the total project budget.

Source: Select the funding source name from the drop-down list. Funding sources are listed according to source type (HTFC, Federal Government, Local Government, Non-HCR State Government, and Private). If a specific funding source is not available, each source category has a generic source code that can be selected (for example, 'Federal Program – Other'). Please note that Access to Home funds and Access to Home for Heroes funds may not be used in conjunction with Access to Home for Medicaid Recipients Program funds.

Specify Source: If any of the funding sources in the drop-down menu are followed by 'Specify', the applicant must enter the source name, program, lender, etc. in this space.

Funds Requested: Enter the amount of funds to be contributed by the source. *Please review the Request for Applications for program funding limits.*

Status: Select either 'committed' or 'pending approval' from the drop-down menu. Select committed only if the funds have been formally committed. If the funds are formally committed, please provide the date of the letter and the signatory and attach the commitment documentation as requested in Attachment 3.

Click the 'Submit' button for the first source, and then the page will be redisplayed as a grid. To add another funding source, click the 'Add' button at the bottom of the grid and repeat the steps outlined above.

5B. Program Uses

Provide a line-item breakdown of all costs associated with the proposed program as follows: Under the column titled *Access to Home for Medicaid Recipients Program Funds*, enter the amount for each cost to be paid with Access to Home for Medicaid Recipients Program funds. If applicable, under the column labeled *Other Funds* enter the total amount to be paid with funds other than the Access to Home for Medicaid Recipients Program funds. Upon clicking the 'submit' button, CDOL will add the columns together and display the total in the column titled *Total Cost*. The minimum request amount is \$75,000. The maximum request amount is \$150,000. A maximum of \$25,000 per unit is allowable. This cap is inclusive of both hard costs for accessibility modifications, soft costs and project delivery fees. Applicants may budget up to 7.5 percent of the request amount for eligible administrative costs. Applicants may budget up to 10 percent of request amount for eligible soft costs (architectural, design, engineering, testing, permits) and project delivery costs.

Line Items:

1. Project Costs: Under the column labeled *Access to Home*, enter the amount of accessibility modification costs to be funded by the Access to Home for Medicaid Recipients Program. Under the column labeled *Other Funds*, enter the amount of these costs to be funded by sources other than the Access to Home for Medicaid Recipient Program. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
2. Project Delivery: Under the column labeled *Access to Home*, enter the amount of Program Delivery/Staff costs to be funded by the Access to Home for Medicaid Recipients Program. Under the column labeled *Other Funds*, enter the amount of these costs to be funded by sources other than Access to Home for Medicaid Recipients Program. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.

3. Administration: Under the column labeled Access to Home, enter the total grant administration cost to be funded by the Access to Home Program for Medicaid Recipients Program. Under the column labeled Other Funds, enter the amount of these costs to be funded by sources other than Access to Home for Heroes Program funds. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
4. Total Program Costs: Upon clicking the 'submit' button, CDOL will calculate this line by adding together lines for each column of this Exhibit.

5C. Budget Narrative

Budget

Provide an overview of the program budget that clearly demonstrates an understanding of the Access to Home for Medicaid Recipients Program and its eligible uses. Identify, in a consistent format, all leveraged funding sources. This explanation must be supported by the required budget tables in Exhibits 5A, 5B & 5C.

- Identify the total project cost.
- Identify other relevant funding sources to be leveraged and the proposed use (i.e., offset project or administrative costs, or other needed rehabilitation or repair activities).
- For each source identified, indicate if funds are formally committed or if approval is pending.
- Explain how the proposed project will proceed if any pending sources of funds are not secured.
- If a funding source is identified as committed, evidence must be attached where requested in the application.

Fiscal Responsibility

Describe the anticipated process and internal procedures related to fiscal management, including internal controls, fiscal records management, and documentation of cost reasonableness. Specifically:

- Describe the internal disbursement process.
- Explain how the applicant organization will cover project costs prior to disbursement of Access to Home for Medicaid Recipients Program funds.
- Describe administrative and project delivery costs, including the process used to document these costs. . Project delivery fees for internal staff costs must represent actual billing and time, not a flat rate.
- Describe the process for evaluating cost reasonableness.

IV. Validating Application Exhibits

An application must pass a series of validations before the application exhibits can be certified and submitted. To validate the application, return to the Menu using the navigation links in the top left corner of the screen. Click 'validate' to the right of the application name.

The Validate Application screen will be displayed. Click 'Validate' again to begin the validation process. The validation process is done in 3 steps:

- Step 1 checks to confirm that all required Exhibits have been entered.
- Step 2 checks to confirm that all required Exhibits are complete.
- Step 3 checks to confirm that the information entered is consistent across Exhibits.

If any incomplete Exhibits, fields, or inconsistencies are found, the applicant will receive the message: "Validation failed, please make the necessary corrections." Below this message, an explanation(s) of the problems found during the validation process will be displayed. Return to the Exhibits identified and complete them and/or correct the inconsistencies found. Each problem listed will have a link that will return the user to the applicable Exhibit. If there are a number of errors, it is suggested that the applicant select the 'Print' button in the Banner. This will open a new window to display and reference the error messages. The applicant must continue the validation process until the message "Validation Successful" is displayed.

V. Applicant / Owner Certification

A. Certifying Application Exhibits

Please Note: Once the application is certified, the application it cannot be changed.

After successful validation the 'Certify' link will be made available to users with the authorization to certify the application. If the person completing the application is not the person authorized on the Security Manager Designation Form to electronically certify the application, the person who is authorized must sign into CDOL to complete this step. The only way to get the 'Certify' link is to run a successful validation. If the validation is completed, but the application is not certified, the validation will have to be run again.

Applicants that select the choice 'Do Not Agree' to any of the statements in the certification must attach a detailed explanation under the Attachment labeled Application Certification Detail. Attachments may be uploaded at any time during the application process, including after certification is complete.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. At the bottom of the Certification and Submission enter the password and title and click the 'Submit' button. If the certification and submission was successful, CDOL will display a message acknowledging successful submission of the Exhibits or Step 1 of the CDOL Application Process. This message will also provide the application's SHARS ID number, which will be used to identify the application. An e-mail message will also be sent confirming successful submission of the application exhibits. This will change the application status from "In Progress" to "Certified." **Additional steps are required to complete and submit the application.**

✓ Success

You have successfully completed Step 1 of the CDOL Application Process.
Your Exhibits have been submitted and your SHARS ID number is **20183033**

⚠ PLEASE NOTE:

This completes Step 1 of the CDOL Application Process. Your application submission is NOT finished until you complete Step 2 of the Application process - submission of all required attachments. To upload attachments, return to the Menu and select the Attachments link associated with this application.

When you have uploaded all required Attachments and, if applicable, clicked the 'omit' button for optional Attachments that you will not be submitting, click the 'Submit' button at the bottom of the Attachments page. Once this step is completed, your Application will be considered submitted.

Before submitting your Attachments, please note that if the Application Instructions indicate that your Application requires additional signatures, click the 'Print' button at the top of this page, which has space for additional signatures. Once all parties have signed and dated the certification, upload the page as the Application Certification Attachment.

A new window will open showing the completed application. Please save a copy electronically and print a copy for the applicant's records.

Return to the main menu using the navigation links in the top left corner of the screen. Now that the application exhibits are certified and submitted, click on the 'Attachments' link next to the application on the main menu. The 'Attachments' link will transfer the user to the Upload Attachments process.

Please Note: An application will not be considered complete until all required attachments are uploaded, submitted and certified. **Any portion of the application exhibits or attachments that have not been submitted by the deadline specified will not be accepted.**

VI. Application Attachments

Attachment 1 – Compliance Monitoring Plan (Required)

Attachment 2 – Vendor Responsibility Questionnaire (VRQ) (Required for all not-for-profit entities)

Attachment 3 – Financial Commitment Letters (Optional)

Attachment 4 – Supportive Services Agency Commitments (Optional)

Attachment 5 – Applicant Certification Detail (Optional)

A. Attachment Instructions

Attachment 1 – Compliance Monitoring Plan (Required)

Attach a formal plan for monitoring the assisted properties and enduring compliance during the three years ongoing maintenance term. Address staff assignment of this responsibility and address continuity of operations in the event of staffing changes. Describe plans for monitoring to confirm that participants are in compliance with obligations, outline procedures for resolving events of non-compliance, review and processing of subordination requests and repayments to HTFC. Include organizational conflict of interest policy including staff, board, contractors, and professional services.

Attachment 2 – Vendor Responsibility Questionnaire (VRQ) (required for all not- for-profit entities)

Provide a PDF of the Vendor Responsibility Questionnaire relevant for not-for-profit construction activities. This is available from the Office of the New York State Comptroller located here: <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire>. The Questionnaire must be dated within the calendar year of the application and include the VRQ Contract History Form if the organization has received state funds in the last three years. If an applicant is required to file a VRQ through the VendRep system for other funding sources, a PDF of a the full VendRep submission with a certification dated in the calendar year of this application is acceptable. Screenshots of a confirmed VendRep submission are not adequate.

Attachment 3 – Funding Commitment Letters (Optional)

Supporting documentation must be provided for each source of funds identified as 'Committed' in Exhibit 5A. The documentation should indicate the activities allowed and the term of the funding. Documentation of Neighborhood or Rural Preservation administrative dollars may be documented with a statement on letterhead describing the amount and activity funded signed by the organization's board.

Attachment 4– Supportive Services Agency Commitments (Optional)

Supporting documentation should be provided for each Service Provider Referral arrangement or cooperation agreement identified in the application. Documentation should outline the process for incoming and outgoing referrals, be dated within the calendar year of the application, describe activities relevant to potential participants of the grant, and confirm a mechanism to follow up on referrals.

Attachment 5 – Applicant Certification Detail (Optional)

Supporting documentation with detailed explanation should be provided for any question marked "Do Not Agree" in the applicant certification.

To complete application, applicant must select 'omit' if attachments will not be uploaded.

VII. Uploading & Certifying Attachments

A. Uploading Attachments

Return to the Menu, then click on the 'Attachments' link to the right of the application name. This link will access the Attachment Upload window.

The Attachment Upload page lists the applicable attachments for the application.

To the right of each listed attachment is an 'Add' link. Click the 'Add' to begin to attach files. Select the 'Choose File' button to browse for the file to be uploaded. After locating and selecting the file, click the 'Upload' button to begin the upload. A progress bar will display the progress of the upload. Once complete, the applicant will be redirected to the main Attachment Upload screen. The uploaded file name will be displayed under the attachment.

To the right of each uploaded file will be two links: 'View' and 'Delete'. 'View' allows the applicant to view and optionally print the file to verify that the correct document is attached. 'Remove' allows the applicant to delete the file prior to submission.

Attachments that are not required will have an 'Omit' link. **Applicants must click the 'Omit' link if an optional attachment will not be included.**

An applicant may upload multiple files for each attachment. Please limit the uploaded files to those documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one. All required attachments must be uploaded before the group can be submitted.

B. Submitting and Certifying Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory must log-in and click 'Submit' on the Attachment Upload page. CDOL will display an 'Attachment Receipt' then an 'Attachment Certification' which must both be clicked to complete the submission. Once complete, a message will appear at the top of the screen indicating that the application attachments have been successfully submitted, and the application process is complete. Once the attachments have been submitted, the Access to Home for Medicaid Recipients Program Application is complete and may not be changed.

Return to the main menu using the navigation menu in the top left corner of the screen. Now that the application exhibits and attachments are complete, submitted, and certified, the application Status next to the application name should indicate Completed.

Access to Home for Medicaid Recipients Program application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Friday, September 23, 2022. Applications and supplemental materials will not be accepted after the stated deadline.

VIII. Application Exhibit Screenshots

Access to Home for Medicaid Recipients Program – CDOL Table of Contents & Exhibit List

Exhibit 1 - Application Summary	view
1A. Funds Requested	view edit
1B. Applicant Information	view edit
1C. Program Detail Information	---
1. Counties/Municipalities	view edit
2. Regional Council	view edit
3. Latitude & Longitude	view edit
1D. Political Districts	view edit
1E. Units Assisted	view edit
1F. Income Targets	view edit
1G. Target Populations	view edit
1H. Program Abstract	view edit
Exhibit 2 - Proposal	view
2A. Program Activities & Scope	view edit
2B. Administrative Procedures	view edit
2C. Contractor Procurement	view edit
Exhibit 3 - Program Need	view
3A. Program Need	view edit
Exhibit 4 – Staffing Plan & Administrative Capacity	view
4A. Staffing Plan & Administrative Capacity	view edit
Exhibit 5 – Budget & Fiscal Responsibility	view
5A. Sources of Funds	view edit
5B. Program Uses	view edit
5C. Budget Narrative	view edit

Exhibit 1 – Application Summary

1A. Funds Requested

1. **Local Program Name:** *

Please enter a brief, descriptive name. If awarded, the Local Program Name entered here will be used to label contract materials and to describe the program throughout the contract term. e.g., City of Sample Access to Home for Medicaid Recipients Program

2. **Total Access to Home for Medicaid Recipients funds requested:** *\$

1B. Applicant Information

1. Applicant Name:

2. Federal EIN:

3a. DOS Charities Registration Number:

3b. Not-for-Profit Incorporation Date: 00/00/200

4. Fiscal Year End Date: 00/00

5a. Applicant Types:

5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely manner? *



5c. DUNS Number:

6. Official Mailing Address:

Select the mailing address for Contract or Award Materials



SAMPLE ADDRESS



SAMPLE

ADDRESS

2

7. Applicant Phone and Internet Data

Phone Number:

Phone Extension:

Fax:

Email Address:

URL:

8. Primary Contact Person for Correspondence Related to this Application:

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: *

Example: 212-555-1212

Phone Extension:

Fax Number:

Example: 212-555-1212

Email Address: *

Is this person authorized to execute an agreement with the HTFC should the proposal be funded? *

9. Contact Authorized to Execute a Contract with HTFC:

Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Email Address:

1C-1. Counties/Municipalities

Project County: *

Will the project be county wide? *

Municipality: *

1C-2. Regional Council

1. Regional Council(s): *

Select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Capital Region | <input type="checkbox"/> Mohawk Valley |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> New York City |
| <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> North Country |
| <input type="checkbox"/> Long Island | <input type="checkbox"/> Southern Tier |
| <input type="checkbox"/> Mid-Hudson | <input type="checkbox"/> Western New York |

1C-3. Latitude & Longitude

Click [HERE](http://itouchmap.com/latlong.html) (<http://itouchmap.com/latlong.html>) to determine Latitude and Longitude. The latitude must be between 40.000000 and 49.999999. The longitude must be between -70.000000 and -79.999999. For Programs that span multiple locations, please enter the latitude/longitude of the applicant organization's Home for Medicaid or central office in New York State or a central point for multi-county projects.

Project Latitude: *

Project Longitude: *

1D. Political Districts

1. New York State Assembly District(s):

>

<

2. New York State Senate District(s):

>

<

3. New York State Congressional District(s):

>

<

1E. Units Assisted

Units to be assisted by Access to Home for Medicaid Recipients:

Residential - Existing/Rehab:

Total Residential Units to be assisted by Access to Home for Medicaid Recipients: 0

1F. Income Targets

Target Group	Units
Public Assistance <=30% of Median Income	<input style="width: 100px;" type="text"/>
31% through 40% of Median Income	<input style="width: 100px;" type="text"/>
41% through 50% of Median Income	<input style="width: 100px;" type="text"/>
51% through 60% of Median Income	<input style="width: 100px;" type="text"/>
61% through 70% of Median Income	<input style="width: 100px;" type="text"/>
71% through 80% of Median Income	<input style="width: 100px;" type="text"/>
81% through 90% of Median Income	<input style="width: 100px;" type="text"/>
91% through 120% of Median Income	<input style="width: 100px;" type="text"/>
Total:	0
Total Residential Units to be assisted by Access to Home for Medicaid Recipients: 0	

1G. Target Populations

1. Special Population Households	Units
No Target Population (or Unknown)	<input style="width: 100px;" type="text"/>
Persons with Physical Disability/Traumatic Brain Injury	<input style="width: 100px;" type="text"/>
Persons who are Veterans	<input style="width: 100px;" type="text"/>
Persons with Intellectual/Developmental Disabilities	<input style="width: 100px;" type="text"/>
Persons who are Frail Elderly	<input style="width: 100px;" type="text"/>
Total Units identified for all Target Populations:0	
Total Residential Units to be assisted by Access to Home for Medicaid Recipients:0	

1H. Program Abstract

Provide a one paragraph abstract of the proposed program. **Please note the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, Access to Home for Medicaid Recipients Program request amount, estimated total project cost, other sources of funding that will be used for the Access to Home for Medicaid Recipients Program, main goal(s) of the program, activities Access to Home for Medicaid Recipients Program funds will be used for, and any special emphasis of the program, such as special needs populations, areas/neighborhoods to be served, or income ranges to be targeted.

Sample text: The Sample Organization proposes to undertake a project using \$150,000 in Access to Home for Medicaid Recipients Program funds as part of a community wide effort to keep persons with disabilities in their homes and out of institutional settings. Sample organization plans to provide accessibility modifications to eight low-income households in the City of Sample. Other rehabilitation repairs to the homes that are necessary will be funded by \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) for a total project cost of \$300,000.

Exhibit 2 – Proposal

2A. Program Activities & Scope

Provide an overview of the proposed program. At a minimum:

- Describe the types of eligible program activities to be addressed.
- Describe how eligible program activities accomplish the goal of making the primary residences of Medicaid recipients with disabilities accessible, so they may live safely and comfortably in their residences, instead of residing in institutional care.
- Demonstrate a clear understanding of the program's eligibility criteria.
- Estimate the number of disabled renters and homeowners to be assisted.

2B. Administrative Procedures

Outline procedures in place, or planned by applicant organization, to supplement the required procedures identified in the template administrative plan. Specifically:

Project Development

- Describe method for accepting and processing applications.
- Describe plan for program marketing and outreach.
- Describe process for evaluating a substantial limitation caused by an individual's disability, as it relates to determining eligible program activities in consideration of such disability.
- Describe process for developing work scopes and completing inspections.
- Describe plan to address other needed rehabilitation or repair activities outside of the program's purview, or that exceed the maximum program award.
- Describe dispute resolution plan for disabled renters and homeowners and contractors.

Service Partnerships

- Describe process for making referrals to local service provider(s) for needs other than accessibility modifications.
- Identify process for following up on local service referral outcomes.
- Describe cooperative, reciprocal working and/or two-way referral relationships with relevant local service provider(s), including housing service providers. Identify the name of the agency, type of services provided, and how applicant agency works together with this partner. Describe the types of services provided by applicant and partner agency that would be specifically related to assistance for persons with disabilities.
- Written local service and referral agreements, such as Memorandums of Understanding (MOUs), should be provided as an attachment.

2C. Contractor Procurement

- Describe the process for procuring contractors that demonstrates an understanding of the program's bidding requirements.
- Describe procedures to ensure that NYS Certified Minority and Women-Owned Business Enterprises are afforded opportunities for meaningful participation in projects.

Exhibit 3 – Program Need

3A. Program Need

Demonstrate need in the service area to assist persons who are enrolled in Medicaid, and living with a disability, in returning to community living settings from institutional settings (transition) or preventing institutional living (diversion). This should include information specific to the service area, and target population, and cite dates and relevant data sources such as the U.S. Census Bureau and American Total population of proposed service area enrolled in Medicaid and source of data including date.

- Total percent of population under age 65 living with a disability in the proposed service area and source of data including date.
- Explain how the proposed service area was selected.
- Explain how the applicant organization regularly serves this area.
- Provide data and narrative on how the demand for accessibility modifications, for Medicaid recipients living with disabilities, has been identified.
- Explain the need for public investment.
- Describe how the proposed program activities will address the identified needs.

Exhibit 4 – Staffing Plan & Administrative Capacity

Staffing Plan:

- Identify staff assigned to work on the proposed program and their role, including but not limited to client intake, fiscal management, environmental review, work scope design, disbursements, and compliance monitoring.
- Describe specific staff experience or training relevant to the implementation of the program.

Administrative Capacity:

- Summarize relevant grant administration experience that demonstrates administrative capacity and readiness.
- Detail previous experience administering an Access to Home for Medicaid Recipients Program, or successfully working with similarly sized accessibility modification, or home repair programs.
- Identify measures taken to overcome administrative challenges or delays previously encountered in the administration of similar programs.
- Detail organizational conflict of interest policy as it relates to potential participants of the program as well as the procurement of contractors and professional services. Specifically acknowledge that the Access to Home Program conflict of interest policy outlined in the manual has been reviewed and will be followed.

Exhibit 5 – Budget & Fiscal Responsibility

5A. Sources of Funds

Source: *

Specify Source:

Funds Requested: * \$

Status: *

If Committed, enter the following information:

Date of Letter: Example: mm/dd/yyyy

Signatory:

5B. Program Uses Budget/Financing Plan

Total Access to Home for Medicaid Recipients Program Funds Requested:

Project Costs

	ATHM Funds	Other Funds	Total Cost
1. Project Costs	Program Budget Amount <input type="text"/>	Other Budget Amount <input type="text"/>	\$0
2. Project Soft Costs	Program Budget Amount <input type="text"/>	Other Budget Amount <input type="text"/>	\$0
3. Administration	Program Budget Amount <input type="text"/>	Other Budget Amount <input type="text"/>	\$0
4. Total	\$0	\$0	\$0

5C. Budget Narrative

Budget

Provide an overview of the program budget that clearly demonstrates an understanding of the Access to Home for Medicaid Recipients Program and its eligible uses. Identify, in a consistent format, all leveraged funding sources. This explanation must be supported by the required budget tables in Exhibits 5A, 5B & 5C.

- Identify the total project cost.
- Identify other relevant funding sources to be leveraged and the proposed use (i.e., offset project or administrative costs, or other needed rehabilitation or repair activities).
- For each source identified, indicate if funds are formally committed or if approval is pending.

- Explain how the proposed project will proceed if any pending sources of funds are not secured.
- If a funding source is identified as committed, evidence must be attached where requested in the application.

Fiscal Responsibility

Describe the anticipated process and internal procedures related to fiscal management, including internal controls, fiscal records management, and documentation of cost reasonableness. Specifically:

- Describe the internal disbursement process.
- Explain how the applicant organization will cover project costs prior to disbursement of Access to Home for Medicaid Recipients Program funds.
- Describe administrative and project delivery costs, including the process used to document these costs. Project delivery fees for internal staff costs must represent actual billing and time, not a flat rate.
- Describe the process for evaluating cost reasonableness and ensuring competitive bidding.

Certification and Submission

Applicant Certification

Housing Trust Fund Corporation Program Applicant Certification

Applicant certifies that:

- | | | |
|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | I certify that I am an authorized representative and have been specifically authorized to file this submission and required documents for the proposed project with the Housing Trust Fund Corporation (HTFC) on behalf of the applicant organization or community . |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | I certify that the Applicant is authorized to carry out the proposed activities and that the Applicant is familiar with and will comply with all applicable statutes, rules and regulations established. |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | I further authorize the agency receiving this application to forward it to any other State agency which administers a program for which a funding request is indicated in this application. |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | I certify that I have reviewed the full application and attached documents, and statements contained in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith, including data related to the Organizations Relevant Experience and I agree to immediately inform HTFC of any change in circumstances. A false certification or failure to disclose information shall be grounds for termination of any award. |

For the period beginning 10 (ten) years prior to the date of this certification:

- | | | |
|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | The information and supporting documentation contained in this application are complete and accurate and acknowledges that falsification of information will result in disqualification of application, denial of funding, rescinding of subsequent award and contract or required repayment of funds disbursed for any HTFC Program. The undersigned further recognizes and accepts the responsibility and obligation to notify the HTFC in writing, if the Applicant becomes aware of any subsequent events or information which would change any statements or representations previously submitted to HTFC. |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | The Applicant will notify HTFC within five (5) calendar days of any change of staff related to the program award and administration. |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | No member of the Board of Directors or staff of the Applicant organization will directly or indirectly benefit financially from administration of the program. Any matter regarding any potential conflict of interest or appearance of impropriety arising in connection with this program must be disclosed at the time of application or when the conflict is identified. |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | The Applicant will disclose if any of its employees, affiliates, program partners, subcontractors, and /or consultants have been the subject of a criminal investigation and /or charged with a crime in the last five (5) years at the time of application or within one (1) week of the issue being identified. HTFC reserves the right to deny the Applicants request for funding based on concerns for the Applicants overall organizational health and / or capacity. |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | The Applicant will disclose in this application if it or any of its affiliates has filed for bankruptcy in the last seven (7) years. HTFC reserves the right to deny the Applicants request for funding based on concerns for the Applicants overall fiscal health and / or capacity. |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Do Not Agree | The Applicant has not experienced any of the following and shall notify HTFC within five (5) calendar days after obtaining knowledge of: a) the commencement of any investigation or audit of its activities by any governmental agency, specifically housing discrimination; or b) the alleged |

default by the Applicant under any mortgage, deed of trust, security agreement, loan agreement or credit instrument executed; or c) the allegation of ineligible activities, misuse of any award, or failure to comply with the terms of the Application. Upon receipt of such notification, HTFC may, in its discretion, withhold or suspend payment of some or all of the Award and reserves the right to deny application for funds for any HTFC program.

☐ Agree ☐ Do Not Agree

Neither the Applicant, nor any principal, partner, or staff member of the Applicant organization has experienced default, non-compliance, debarment, suspension or termination of funds, or been otherwise restricted by DOL, HUD, USDA, ESDC, HFA, HTFC, HCR, AHC or other federal, state, or local authority. Applicant further certifies there are no unresolved findings raised as a result of audits, management reviews, or other investigations concerning projects, contracts, or programs for which the Applicant organization is involved and Applicant has not been the subject of a claim under an employee fidelity bond.

Agree ☐ Do Not Agree ☐

As a condition of award, HTFC may seek to verify certain financial, credit and related information contained in the application concerning the project Applicant, and other members of the project /program team.

☐ N/A ☐ Attached

If the applicant is unable to select "Agree" to any of the items above, a detailed explanation must be provided at the end of the Applicant Certification Detail attachment.

CDOL User ID:

CDOL Password: *

Title:

Date of Electronic Signature:

Access to Home for Medicaid Recipients Program Attachment Upload Screen

Attachment Category	Options
1 - Compliance Monitoring Plan [required]	add
2 - Funding Commitment Letters	add omit
3 - Supportive Services Agency Commitments (executed agreements, MOUs, letters of support)	add omit
4 - Applicant Certification Detail	add omit

Attachment Category	Options
1 - Compliance Monitoring Plan [required]	add
2 – Vendor Responsibility Questionnaire (VRQ) [Required for not for profit entities]	add omit
3 - Funding Commitment Letters	add omit
4 - Supportive Services Agency Commitments (written arrangements, MOUs, other documentation of cooperative arrangements)	add omit
5 - Applicant Certification Detail	add omit